## Starkweather & Associates

9035 South 1300 East, Suite 200 Sandy, UT 84094 Ph: (801) 272-8368 Fax: (801) 748-1030

**FAX COVER SHEET** 

RECEIVED
CENTRAL FAX CENTER
AUG 1 1 2005

DATE:	August 11, 2005					
FAX#:	1-571-273-8300, Art Unit 3623					
	Examiner <u>Unknown</u>					
TO:	A A A A A A BELLAND CAN-DWANTHEY					
FROM:	Diann Herring, Assistant to Michael Com Power of Attorney &					
RE:	Revocation of Power of Attorney with New Power of Attorney &					
	Change of Correspondence Address					
Number of Page	s including cover page: 3					
Tithingt or res-						
	Docket No3025.2.1 NP					
	Client Victoria K. DaCosta					
	Serial No. 10/603,838 Filing Date 06/25/2003					
	Assignee/Mark Gum Aerobics, Inc.					
	Date Faxed August 11, 2005					
	Please acknowledge receipt of:					
	- Application Pages					
	□ Provisional □ Design □ Cont. □ Div. □ RCE					
	🗅 Utility Total Claims Indep Claims					
	f) Drawings Sheets Figures					
	□ _ Assignment □ Cover Sheet □ Fee					
	Certificate of Transmission					
	Credit Card Payment Form, PTO-2038, for S					
	Fee Transmittal					
	Copy of Signed Fee Transmittal     Transmittal Letter or Form					
	Declaration and Power of Attorney					
	DDS, D Form \$B/08 or 1449 References					
	Complete Fee Transmittal					
	Meintenance Fee Transmittal Year					
	Request for Certification for Non-Publications					
	Response to Office Action					
	□ Affidavit					
	□ Amendment □ Extension of Time Petition Months					
	Extension of Time Petition Months  Extension of Time					
	0					
	<del></del>					

The information contained in this facsimile is confidential information only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone, and return the original message to us at the above address via the United States Postal Service.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

APPLICANT(S):

VICTORIA K. DACOSTA

CENTRAL FAX CENTER

SERIAL. NO.:

10/603,838

**ART UNIT: 3623** 

AUG 1 1 2005

FILING DATE:

06/25/2003

**EXAMINER: UNKNOWN** 

TITLE:

INTEGRATED PATIENT CARE METHOD, APPARATUS

AND SYSTEM

DOCKET NO .:

3025.2.1 NP

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimilie transmitted to the U.S. Patent and Trademark Office, Fax No. 571-273-8300. Art Unit 3623

Diann Herring or Gaylene Brown

Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

## TRANSMITTAL LETTER

Dear Sir:

Enclosed herewith are the following documents:

- SB/82 Revocation of Power of Attorney with New Power Of Attorney & Change of Correspondence Address
- Certificate of Transmission (above)

Respectfully submitted,

W. Starkweather, No. chael

Dated:

9035 South 1300 East

Suite 200

Sandy, Utah 84094

'FROM : GumAerobics

FAX NO. : 8259628146

Aug. 10 2005 03:17PM Pi

PTO/SIME2 (04-05)
Approved for use through 11/30/2005, OMB 0651-065)
U.S. Patent and Tradamerk Office; U.S. DEPARTMENT OF COMMERCE as a callection of information unless it displays a valid OMB control number.

	COUNTY AND SECURITION OF KINDLE SHALL IN THE	total dispersion of the second		
Under the Paperwork Reduction Act of 1995, no persons are required to re-	Application Number	10/603,838		
REVOCATION OF POWER OF	Filing Date	06/25/2003		
ATTORNEY WITH	First Named Inventor	Victoria K. DaCosta		
NEW POWER OF ATTORNEY	Art Unit	3623		
AND	Examiner Name	Unknown		
CHANGE OF CORRESPONDENCE ADDRESS	Attamos Docket Number	3025.2.1 NP		

I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR  I hereby appoint the practitioners associated with the Customer Number:  000048309						48309		
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:								
OR  Starioveether & Associates								
Individual Name	SIGNAL COLORS							
Address	9035 S. 1300 E. Sulta 200							
City.		State	UT		Zip	84094		
City	USA	<u> </u>			L			
Talaphone	(901) 272-8368		Email mike@2patent.net					
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature 1/1 265 5-2								
Name Victoria K. DaCosta								
Date <	7-10-05		Telephone (805) 889-1785					
NOTE: Signatures of all the inventors or eadgness of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below.								
Signature is required, see volume	forms are submitted.							

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, to process) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete the process of the USPTO. These will vary depending upon the individual case. Any comments incasting gaments, provided the same to the Chief Information Officer, U.S. Patern on the amount of time you require to complete this transmission for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office. U.S. Department of Commerce, P.O. Bez 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. BIND TO: Commissioner for Paternts, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need easistence in completing the form, cell 1-800-PTO-8199 and saled option 2.